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| <b>MULTIPLE DEPENDENT CLAIM<br/>FEE CALCULATION SHEET</b><br>Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |          |        |                       |        |                        |        | Application Number <u>09/923270</u> Filing Date _____ |        |
|--|----------|--------|-----------------------|--------|------------------------|--------|---|--------|
| Applicant(s) _____   |          |        |                       |        |                        |        | * May be used for additional claims or amendments     |        |
| CLAIMS   | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |   |        |
|  | Indep    | Depend | Indep                 | Depend | Indep                  | Depend | Indep   | Depend |
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| Total Indep  |          |        | 12                    |        |                        |        | Total Indep   |        |
| Total Depend   |          |        | 12                    |        |                        |        | Total Depend  |        |
| Total Claims   |          |        | 24                    |        |                        |        | Total Claims  |        |

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